

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date:: March 30, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: SYSTEM AND METHOD FOR RATING
ELECTRONIC DOCUMENTS

Title Line Two::

Attorney Docket Number:: 64557.000020

Request for Early Publication?::

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?::

Petition Included?::

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?::

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship::
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Sumit
Middle Name::
Family Name:: AGARWAL
Name Suffix::
City of Residence:: San Carlos
State or Province of Residence:: CA
Country of Residence:: USA
Street of Mailing Address Line One:: 399 Ashford Avenue
Street of Mailing Address Line Two::
City of Mailing Address:: San Carlos,
State or Province of Mailing Address:: CA
Country of Mailing Address:: USA
Postal or Zip Code:: 94070

Applicant Two Authority Type:: Inventor
Primary Citizenship::
Country:: India
Status:: Full Capacity

Applicant Two Given Name:: Gokul
Middle Name::
Family Name:: RAJARAM
Name Suffix::
City of Residence:: Mountain View

State or Province of Residence:: CA
Country of Residence:: USA
Street of Mailing Address Line One:: 234 Escuela Ave.,
Street of Mailing Address Line Two:: Apt. 7
City of Mailing Address:: Mountain View
State or Province of Mailing Address:: CA
Country of Mailing Address : USA
Postal or Zip Code:: 94040

Applicant Three Authority Type:: Inventor
Primary Citizenship::
Country:: Israeli and British
Status:: Full Capacity

Applicant Three Given Name:: Leora
Middle Name:: Ruth
Family Name:: WISEMAN
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: USA
Street of Mailing Address Line One:: 647 Gail Avenue #G21
Street of Mailing Address Line Two::
City of Mailing Address:: Sunnyvale
State or Province of Mailing Address:: CA
Country of Mailing Address : USA
Postal or Zip Code:: 94086

Correspondence Information

Correspondence Customer No.: 21967
Name: HUNTON & WILLIAMS LLP
Street of Mailing Address Line One: 1900 K Street, N.W.
Street of Mailing Address Line Two: Suite 1200
City of Mailing Address: Washington
State or Province of Mailing Address: DC
Country of Mailing Address: USA
Postal or Zip Code: 20006-1109
Telephone Number: (202) 955-1500
Facsimile Number: (202) 778-2201
E-Mail Address: bburoker@hunton.com

Representative Information

Representative Customer Number: 21967

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee Name:
Street of Mailing Address Line One:
Street of Mailing Address Line Two:

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::